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ABORIGINAL

BUSINESS

VENTURES

LOAN APPLICATION



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ABORIGINAL BUSINESS VENTURES - ADDENDUM

Please note that as of May 1, 1994, the participating financial institutions accepting applications to the Aboriginal Business Ventures Program will be expanded to include the following:

Bank of Montreal
Royal Bank of Canada
The Toronto-Dominion Bank
The Bank of Nova Scotia
Canadian Imperial Bank of Commerce

In addition, the participating Aboriginal Development Corporations recommending applications to the Aboriginal Business Ventures Program will be expanded to include:

S.O.A.R. Development Corporation (Akwasasne)
Waubetek Development Corporation (Manitoulin)
Moose Factory First Nation Economic Development Program (Moose Factory)
The Enterprise Circle (Blind River)
Six Nations Development Corporation (Ohsweken)
Tecumseh Development Corporation (Muncey)
Matagami First Nation (Gogama)
Matachewan First Nation (Matachewan)
Wahgoshig First Nation (Matheson)
Beaverhouse First Nation (Kirkland Lake)

Further information and application forms can also be obtained from any of the participating bank branches listed below:

BANK OF MONTREAL

159 Pitt Street
CORNWALL ONT K6J 3P5
Tel. (613) 938 5617

Manitowaning Sub
29 Water Street East
LITTLE CURRENT ONT POP 1K0
Tel. (705) 368-2260

556 Queen Street East
SAULT STE. MARIE ONT P6A 5L8
Tel. (705) 949-3221

Peace Tree Trade Centre
Unit 8
CORNWALL ISLAND ONT K6H 5R7
Tel. (613) 938-5633

17 Mary Walk
ELLIOT LAKE ONT P5A 1Z9
Tel. (705) 848-2211

74 Durham Street
SUDBURY ONT P3E 3M6
Tel. (705) 670-2235

27 Pine Street
TIMMINS ONT P4N 2J9
Tel. (705) 264-5381

London Street, Box 130
THAMESVILLE ONT NOP 2K0
Tel. (519) 692-3931

770 James Street
WALLACEBURG ONT N3A 2P5
Tel. (519) 627-1685

408 Talbot St., Box 571
ST. THOMAS ONT N5P 3V6
Tel. (519) 631-6090

3 Talbot Street E.
AYLMER ONT N5H 2R8
Tel. (519) 773-9295

785 Wonderland Road
LONDON ONT N6K 1M6
Tel. (519) 667-6195

215 Christina St. North
SARNIA ONT N7T 7J2
Tel. (519) 344-2442

600 Murphy Road
CLEARWATER ONT N7S 2X3
Tel. (519) 344-2481

520 Helena Street
POINT EDWARD ONT N7V 1R9
Tel. (519) 344-8835

ROYAL BANK OF CANADA

1 Woodward Avenue
BLIND RIVER ONT P0R 1B0
Tel. (705) 356-2212

115 Tudhope Street
ESPANOLA ONT P0P 1C0
Tel. (705) 869-3241

The 101 Mall
38 Pine Street North
TIMMINS ONT P4N 6K6
Tel. (705) 267-7171

300 Pitt Street
CORNWALL ONT K6J 3P9
Tel. (613) 930-2530

Ohsweken Branch
Six Nations of the Grand River
OHSWEKEN ONT N0A 1M0
Tel. (519) 445-4141

38 Front Street West
STRATHROY ONT N7G 3J2
Tel. (519) 245-1420

577 Bedford Street
WIARTON ONT N0H 2T0
Tel. (519) 534-2134

ROYAL BANK OF CANADA Cont'd

102 Queen Street East, 2nd Floor
SAULT STE. MARIE ONT P6A 2A4
Tel. (705) 759-7022

2 Saskatchewan Road
ELLIOT LAKE ONT P5A 2J7
Tel. (705) 461-9225

72 Durham Street
SUDBURY ONT P3E 4S9
Tel. (705) 688-4710

925 Stockdale Road
2nd Floor
NORTH BAY ONT P1B 9N5
Tel. (705) 494-7123

383 Richmond Street
Suite 1110
LONDON ONT N6A 3C4
Tel. (519) 661-1270

230 North Christina Street
SARNIA ONT N7T 7K1
Tel. (519) 332-6800

401 George St. North
PETERBOROUGH ONT K9J 6Y8
Tel. (613) 876-3534

CANADIAN IMPERIAL BANK OF COMMERCE

530 Queen Street
SAULT STE. MARIE ONT P6A 5L7
Tel. (705) 254-6633

37 Elizabeth Square
ELLIOT LAKE ONT P5A 2J5
Tel. (705) 848-2266

236 Third Avenue
TIMMINS ONT P4N 7E2
Tel. (705) 264-4234

10 Government Road West
KIRKLAND LAKE ONT P2N 3K4
Tel. (705) 567-5201

Pitt & Second Streets
CORNWALL ONT K6H 5V3
Tel. (613) 932-3200

203 Main Street
THESSALON ONT POR 1L0
Tel. (705) 842-2119

116 Cedar Street
SUDBURY ONT P3E 4N3
Tel. (705) 673-4195

Wabun Road & 1st Ave
MOOSONEE ONT POL 1Y0
Tel. (705) 336-2997

2 King Street West
FOREST ONT NON 1J0
Tel. (519) 786-2356

14 Main Street
THEDFORD ONT NOM 2N0
Tel. (519) 296-4969

190 North Front St.
SARNIA ONT N7T 5S3
Tel. (519) 332-4466

252 Main Street
GLENCOE ONT NOL 1M0
Tel. (519) 287-2018

440 Talbot Street
ST. THOMAS ONT N5P 3T7
Tel. (519) 631-1280

103 Main Street
DRESDEN ONT NOP 1M0
Tel. (519) 683-4434

43 Main St. West
RIDGETOWN ONT NOP 2C0
Tel. (519) 674-5452

Dufferin Rd. & Lisgard Rd.
WALLACEBURG ONT N8A 4L5
Tel. (519) 627-0741

TORONTO-DOMINION BANK

365 Richmond St
LONDON ONT N6A 4K2
Tel. (519) 667-1300

827 Dufferin Avenue
WALLACEBURG ONT NOA 4L5
Tel. (519) 627-2223

402 James Street
WALLACEBURG ONT N8A 4L5
Tel. (519) 627-1681

15 King Street East
FOREST ONT NON 1J0
Tel. (519) 786-2185

115 Mead Blvd
ESPANOLA ONT POP 1C0
Tel. (705) 869-3051

Main St. & Wyld St
NORTH BAY ONT P1B 8H5
Tel. (705) 472-4370

421 Bay Street
SAULT STE. MARIE ONT P6A 5N7
Tel. (705) 254-6424

Timiskaming Square
Hwy 11B & 65 East
NEW LISKEARD ONT POJ 1P0
Tel. (705) 647-4315

6 Pine Street & Algonquin Blvd
TIMMINS ONT P4N 7C5
Tel. (705) 264-1305

41 Second Street
CORNWALL ONT K6J 1G3
Tel. (613) 933-3801

54 Durham Street
SUDBURY ONT P3E 4P8
Tel. (705) 675-1324

BANK OF NOVA SCOTIA

1 Pine Street South
TIMMINS ONT P4N 7C9
Tel. (705) 268-8030

293 Bay Street
Station Mall Postal Outlet
SAULT STE. MARIE ONT P6A 6W6
Tel. (705) 759-1688

204 Main Street
NORTH BAY ONT P1B 8H9
Tel. (705) 494-4688

1 Front Street West
SPANISH ONT POP 2A0
Tel. (705) 844-2161

57 Durham Street South
SUDBURY ONT P3E 4R3
Tel. (705) 675-3361

County Fair Mall
60-16 McNaughton Ave.
WALLACEBURG ONT N8A 1R9
Tel. (519) 627-1437

Brookdale Mall
966 Brookdale Avenue N.,
CORNWALL ONT K6J 4P4
Tel. (613) 930-2585

297-299 Front Street
BELLEVILLE ONT K8N 4Z9
Tel. (613) 967-6700

56 Mississauga St. E
ORILLIA ONT L5V 6K7
Tel. (705) -325-1341

27 James Street
PARRY SOUND ONT P2A 2X3
Tel. (705) 746-5821

POLICIES AND GUIDELINES

Aboriginal Business Ventures Program is a new initiative of the Government of Ontario to encourage and promote new aboriginal small business success initially in: Akwesasne, Moose Factory, Manitoulin Island and North Shore. It is designed to provide personal loans up to a maximum of \$15,000 for each eligible business via participating Bank of Montreal at a floating interest rate of prime plus one percent, or a fixed rate to be negotiated with the Bank of Montreal. These loans are guaranteed by the Province of Ontario. The Aboriginal Business Ventures Program is administered by the Ontario Development Corporation, an agency of the Ministry of Economic Development and Trade.

ELIGIBILITY CRITERIA:

- 1** You must be a resident of one of the three First Nations Communities of Akwesasne, Moose Factory, Manitoulin Island and North Shore, age 18 or older with a valid Social Insurance number.
 - 2** You must be starting up a new full-time business. A full-time business is either;
 - a** one that is operating during normal business hours, or
 - b** one that is operating a minimum of 2,000 hours per year.
 - c** The business must also fall within the generally accepted definitions of an independent business. For example, product distribution, multi-level marketing and commissioned salespersons are not eligible.

or
an existing business that has been successful for a period of not less than one year.
 - 3** You must apply for a registration or incorporation of the new business with the Ministry of Consumer and Commercial Relations.
 - 4** To be eligible, you and/or your family members must not own a similar business of which your new business might be considered a natural extension.
 - 5** For a partnership, each partner must be a co-applicant for the loan.
 - 6** For a corporation, every shareholder must be a co-applicant for the loan.
 - 7** You and/or your business are eligible for only one Aboriginal Business Ventures loan in your lifetime.
 - 8** At the time of the loan approval, you must make a cash equity contribution equal to 50% of the amount of the loan. However, applicants to the new program will only be required to contribute cash equity of their own equal to at least 10% of the amount of the loan, while up to 40% of the loan amount can be cash equity raised from other sources (e.g. a Band Council or other unencumbered loans or grants).
- For example, on a \$15,000 loan the applicant must provide at least \$1,500 in cash equity of his or her own, while raising an additional \$6,000 from other unencumbered sources. Your existing equipment, inventory, deposits for equipment and other expenditures are not considered as equity contributions under the program.
- 9** If the cash equity contribution is borrowed, the funds cannot be repaid during the term of the loan, nor can the assets of the business be pledged for that loan.
 - 10** Other Government loans and grants may be considered as cash equity contributions.
 - 11** The loan must be used to cover essential start-up costs of a new business. The loan proceeds must not be used:
 - a** to finance existing debts or to finance transactions between related businesses or individuals.
 - b** to purchase an existing business or to assume the clients or name of business which is already operating or has ceased operation within six months.
 - c** to purchase the assets of a business and to operate a similar business on the same premises as that failed or ceased business within six months of purchase.
 - 12** A business which has received funding under Youth Venture and New Ventures is not eligible for an Aboriginal Business Ventures loan.
 - 13** Professionals or anyone who has acquired a licence to practice a profession (such as doctors, lawyers, dentists, accountants, etc.) are eligible for a loan to establish a practice relating to their profession.
 - 14** Farm operators are eligible for this loan to operate a farm.

HOW TO APPLY:

- 1** You must complete the Personal Information, Business Plan, Cash Forecast and Projected Income Statement in the 'working copy' section of the application booklet. Then transfer the information from your working copy to your application and complete the Summary Form on page K.
- 2** Complete the Certificate of Equity Schedule "A" and submit with the application.

Incomplete applications will not be processed by the bank.
- 3** In the case of a partnership or a corporation, each partner or shareholder must complete a separate Personal Information section as provided in both your working copy and in the final application.
- 4** Detach your application at the perforation and keep the working copy for your records.
- 5** Contact one of the approved Development Corporations serving your community for assistance and recommendation for approval of the loan.
 - 1) S.O.A.R. DEVELOPMENT CORPORATION
 - 2) WAUBETEK DEVELOPMENT CORPORATION
 - 3) MOOSE FACTORY FIRST NATION ECONOMIC DEVELOPMENT PROGRAM
- 6** Contact the Bank of Montreal for an appointment to review your application. A lending officer will interview you to assess your business proposal and discuss terms and conditions of the loan. You should receive an answer from the lending officer within two weeks on the status of the loan.

REQUIREMENTS:

If your loan is approved, you will be required to:

- 1** Obtain any licences, permits or insurance which apply to your business.
- 2** Set up your business within four weeks from loan approval, if you have not already done so.
- 3** Obtain a full disbursement within *six* months of receiving your loan approval.
- 4** Sign a Loan Agreement and Promissory Note. Each co-applicant will be responsible for full repayment of the loan. In the case of a partnership or a corporation, all partners or shareholders must sign the Loan Agreement and Promissory Note.
- 5** Open a business account with the lending branch and deposit the entire amount of your equity contribution and the proceeds of the Aboriginal Business Ventures loan into this account. If you already have an existing account with another financial institution you may still continue to bank with that Institution.

The schedule of advances on the Aboriginal Business Ventures loan funds within the first *six* months will be negotiated between you and the lender.
- 6** Within *six* weeks of obtaining the loan, you must submit the Certificate of Expenditures (Schedule "B") and Schedule of Expenditures (Schedule "C") with original invoices supporting your start up costs to the New Ventures Office.
- 7** Make monthly payments of interest only during the first 12 months of the loan term from the date of the first disbursement. Thereafter, payments must include principal plus interest whereby the principal is reduced by 25% per year over the next four years.
- 8** Repay the full amount of the outstanding loan if the business is sold or transferred during the term of the Guarantee.
- 9** Complete and return, within 30 days, the Business Review Form mailed to you by the New Ventures Program office on December 30.

If you have any questions, call the Ontario Development Corporation's New Ventures Office at:

Toll Free – **1-800-387-5616**

ABORIGINAL BUSINESS VENTURES

YOUR APPLICATION

PERSONAL INFORMATION

PLEASE PRINT

Last name, First name, Middle initial		Date of Birth	Social Insurance Number
Home address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Sex (M/F)
City	Postal Code	Home Telephone Number ()	Business Telephone Number ()
Previous address if moved within 3 years			How long have you lived at this address
How long did you live at previous address			
Are you an Ontario Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No State First Nation Group <input type="checkbox"/>			

What will your role be in the business and how has your education and business experience prepared you for this role?

Role: _____

Education: _____

Business Experience: _____

Please provide information of your most recent employment:

Company Name: _____ Telephone: ()

Address: _____ Gross Annual Income: _____

Title: _____ Date Employed From: _____ To: _____

Responsibilities: _____

Previous employer: _____ Date Employed From: _____ To: _____

Have you ever been self employed? ☐ Yes ☐ No

(If yes please give details) _____

If the new business fails how would you repay the loan?

Do you or any members of your family own an interest in a similar business or a business of which the new business might be considered to be a natural extension?

☐ Yes ☐ No

(If yes, please explain) _____

Does your spouse or any other family member presently have or has ever had a New Ventures loan or Aboriginal Business Ventures loan?

☐ Yes ☐ No

(If yes, give details) _____

REFERENCES

Name of your Bank(s)/Location(s) _____

Landlord/Mortgage Holder _____

ABORIGINAL BUSINESS VENTURES

Real Estate Owned

Location	Registered Owner	Year Purchased	Purchase Price	Current Value
			\$	\$
Total Current Value				\$

Details of Liabilities

Individual/Institution Holding Debt	Amount of Original Loan	Current Loan Outstanding	Monthly Payments	Loan Due Date	Purpose of Loan
	\$	\$	\$		
Total Outstanding		\$			

Personal Financial Statement as at (Date) _____

ASSETS

Cash \$ _____

Liquid Assets (stocks, bonds etc. please itemize) _____
\$ _____

Automobile (current value) \$ _____

Real Estate (total present value) \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Mortgage(s) owing \$ _____

Credit Card(s) owing \$ _____

Loans (total outstanding) \$ _____

TOTAL LIABILITIES \$ _____

Net Worth (total assets minus total liabilities) \$ _____

Do you have any guarantees or other liabilities outstanding? Yes ☐ No ☐

Details, including amounts: _____

Are there any judgments or legal proceedings against you? Yes ☐ No ☐

Details, including amounts: _____

Please list all sources and amounts of monthly income. _____

CERTIFICATE

I certify that all of the information given by me in this application is true and complete.

I authorize the officers of this financial institution or the Ministry of Economic Development and Trade or their agents to make all necessary credit investigations or credit reporting and provide the Ontario Development Corporation with all relevant information. I approve the disclosure of any information concerning the undersigned to any credit requesting agency.

I agree that the Ontario Development Corporation may make a public announcement relating to this Aboriginal Business Ventures loan, if approved, and also has the right to audit the records of my business during the guarantee period.

I understand that any false information given in this application and any accompanying materials may result in rejection of this application or immediate demand for repayment of the loan in full together with any interest accrued thereon.

I authorize the Ministry of Economic Development and Trade and the Ontario Development Corporation to provide the lender with all relevant information.

NOTICE

Any personal information contained in this, or any subsequent forms attached or forwarded at a later date, is received under the authority of Section 12 of the Development Corporations Act, R.S.O. 1980, C.117 as amended and Sections 3, 6 & 11 of the Ministry of Industry and Trade Act, S.O. 1982, C.31 and will be used to provide a data base of borrowers registered in the Aboriginal Business Ventures loan program, to ensure that borrowers receive only one loan and that statistical information on the program is recorded.

It is an offence to obtain or to assist another to obtain the Aboriginal Business Ventures Program loan by fraud or false pretence.

Signature of Applicant _____ Date _____

NOTE: Complete a Personal Information Form for each Applicant, Co-Applicant and Shareholder who is a signing officer. If more forms are required, please make photocopies.

CO-APPLICANT PERSONAL INFORMATION

PLEASE PRINT

Last name, First name, Middle initial		Date of Birth	Social Insurance Number
Home address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Sex (M/F)
City	Postal Code	Home Telephone Number ()	Business Telephone Number ()
Previous address if moved within 3 years			How long have you lived at this address
Are you an Ontario Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			How long did you live at previous address
State First Nation Group <input type="checkbox"/> _____			

What will your role be in the business and how has your education and business experience prepared you for this role?

Role: _____

Education: _____

Business Experience: _____

Please provide information of your most recent employment:

Company Name: _____ Telephone: ()

Address: _____ Gross Annual Income: _____

Title: _____ Date Employed From: _____ To: _____

Responsibilities: _____

Previous employer: _____ Date Employed From: _____ To: _____

Have you ever been self employed? ☐ Yes ☐ No

(If yes please give details) _____

If the new business fails how would you repay the loan?

Do you or any members of your family own an interest in a similar business or a business of which the new venture might be considered to be a natural extension? ☐ Yes ☐ No

(If yes, please explain) _____

Does your spouse or any other family member presently have or has ever had a New Ventures loan or Aboriginal Business Ventures loan? ☐ Yes ☐ No

(If yes, give details) _____

REFERENCES

Name of your Bank(s)/Location(s) _____

Landlord/Mortgage Holder _____

ABORIGINAL BUSINESS VENTURES

Real Estate Owned

Location	Registered Owner	Year Purchased	Purchase Price	Current Value
			\$	\$
Total Current Value				\$

Details of Liabilities

Individual/Institution Holding Debt	Amount of Original Loan	Current Loan Outstanding	Monthly Payments	Loan Due Date	Purpose of Loan
	\$	\$	\$		
Total Outstanding		\$			

Personal Financial Statement as at (Date) _____

ASSETS

Cash \$ _____

Liquid Assets
(stocks, bonds etc.
please itemize) _____
\$ _____

Automobile (current value) \$ _____

Real Estate (total present value) \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Mortgage(s) owing \$ _____

Credit Card(s) owing \$ _____

Loans (total outstanding) \$ _____

TOTAL LIABILITIES \$ _____

Net Worth (total assets minus total liabilities) \$ _____

Do you have any guarantees or other liabilities outstanding? Yes ☐ No ☐

Details, including amounts: _____

Are there any judgments or legal proceedings against you? Yes ☐ No ☐

Details, including amounts: _____

Please list all sources and amounts of monthly income. _____

CERTIFICATE

I certify that all of the information given by me in this application is true and complete.

I authorize the officers of this financial institution or the Ministry of Economic Development and Trade or their agents to make all necessary credit investigations or credit reporting and provide the Ontario Development Corporation with all relevant information. I approve the disclosure of any information concerning the undersigned to any credit requesting agency.

I agree that the Ontario Development Corporation may make a public announcement relating to this Aboriginal Business Ventures loan, if approved, and also has the right to audit the records of my business during the guarantee period.

I understand that any false information given in this application and any accompanying materials may result in rejection of this application or immediate demand for repayment of the loan in full together with any interest accrued thereon.

I authorize the Ministry of Economic Development and Trade and the Ontario Development Corporation to provide the lender with all relevant information.

NOTICE

Any personal information contained in this, or any subsequent forms attached or forwarded at a later date, is received under the authority of Section 12 of the Development Corporations Act, R.S.O. 1980, C.117 as amended and Sections 3, 6 & 11 of the Ministry of Industry and Trade Act, S.O. 1982, C.31 and will be used to provide a data base of borrowers registered in the Aboriginal Business Ventures loan program, to ensure that borrowers receive only one loan and that statistical information on the program is recorded.

It is an offence to obtain or to assist another to obtain the Aboriginal Business Ventures Program loan by fraud or false pretence.

Signature of Applicant _____ Date _____

NOTE: Complete a Personal Information Form for each Applicant, Co-Applicant and Shareholder who is a signing officer. If more forms are required, please make photocopies.

BUSINESS PLAN

As part of your Aboriginal Business Ventures Program application you are required to submit a business plan. Remember, a well prepared business plan is absolutely necessary because it serves to justify the business proposal, as well as to convince the lending officer that you have thoroughly researched and planned for your new business. It will also improve your chance for success.

**IF SPACE PROVIDED
IS INSUFFICIENT
PLEASE ATTACH
A SEPARATE SHEET**

1. BUSINESS PROFILE

Company Name	Company Telephone Number ()						
Company Address							
City	Postal Code						
Date Business Registered/Incorporated <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 20px; text-align: center;">Day</td> <td style="width: 20px; text-align: center;">Month</td> <td style="width: 20px; text-align: center;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>		Day	Month	Year			
Day	Month	Year					
Form of Business Ownership							
<input type="checkbox"/> Sole Proprietorship: Name _____							
<input type="checkbox"/> Partnership: Names of Partners _____							
<input type="checkbox"/> Corporation: Names of Signing Officers who are Shareholders _____							
Classification of Business:							
<input type="checkbox"/> Retail <input type="checkbox"/> Food <input type="checkbox"/> Farming <input type="checkbox"/> Tourism <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale/Distribution <input type="checkbox"/> Professional <input type="checkbox"/> Other (specify) _____							
Will your involvement in this business be <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time							

If part-time, please explain how your business will be able to operate full-time.

2. OBJECTIVES

Describe in detail what your business will do, what product or service will be provided?

3. COMPETITION AND SUPPLIERS

Who are your competitors, what are their locations, and how long have they been in business?

Explain why your customers will prefer your product or service over your competitors.

Who are your major suppliers (if applicable), where are they located and what are their credit terms?
Can you change your suppliers easily if required?

4. CUSTOMERS

What market research have you conducted to determine how many potential customers are in the areas you plan to operate? The research may include door-to-door, telephone or mail surveys, discussions with suppliers or competitors, and statistical data. Please provide both the details of the research (eg. copy of questionnaire or survey, or how many you have called) and the results.

What are the characteristics of your typical customers (ie. age, location, education, etc.)?

How will you inform customers about your service or product?

What form of advertising would be most effective for your business (business cards, radio, newspaper, pamphlets, etc.)?

How much do you intend to spend on advertising and have you budgeted for this expense?

5. PRICE AND COSTS

What does it cost you to offer your product(s) or service(s) to your customers? Cost may be expressed per unit, hour or job. Provide a breakdown of how you determined your cost including materials, labour, inventory and overhead costs.

What price will you charge customers for your product(s) or service(s)? State prices in terms of quantity or fee per hour. If prices vary, give an example. Provide a breakdown of how you arrived at your prices. (Include your costs and markup or profit margins.)

BUSINESS PLAN

What level of sales would you have to reach to just cover your costs (break-even point)?

Have you made provisions for contingency costs, such as warranty/servicing, insurance and start-up, in your pricing?

6. OPERATING REQUIREMENTS

What government regulations, licences, permits and insurance pertain to your business and have they been obtained?

Identify your business requirements such as size and type of premises, equipment, furniture and fixtures. Will they be leased or purchased and will deposits be required?

What skills are required to operate your business and who will provide them?

Skills needed.

How many employees will you have to hire?

Number of Employees	At Start-up	Part-time	Full-time	By Year 3	Part-time	Full-time
	_____	_____	_____	_____	_____	_____

Will franchises, patents, trademarks and licensing agreements be important factors in your business? If yes, please provide a copy of the agreement with the franchisor, licensor and proof of approved patent or trademark.

INSTRUCTIONS

COMPLETING CERTIFICATE OF EQUITY (SCHEDULE "A")

You must complete the applicable Section "A" of this certificate and submit with the application to the lending institution at the time you apply for the loan.

Section "B" Part 1, and Part 2 will be completed by the lending institution.

If the funds are borrowed from friends, relatives or other non lending institutions you must include with the application the following documentation:

- 1) Copy of the loan agreement, indicating lender's name, address, telephone number, relationship, terms of repayment, collateral etc.
- 2) Copy of a sworn affidavit signed by the lender or representative, attesting that the loan will not be repaid before the Aboriginal Business Ventures Loan has been paid in full.

COMPLETING CERTIFICATE OF EXPENDITURES (SCHEDULE "B") AND SCHEDULE OF EXPENDITURES (SCHEDULE "C")

Within six weeks of obtaining the loan, you must complete and submit the Certificate of Expenditures (Schedule "B") and Schedule of Expenditures (Schedule "C") with original invoices supporting your start-up costs to the Program office. The original invoices will be returned to you after they have been audited and a physical inspection of the expenditures has been undertaken at your place of business.

CERTIFICATE OF EQUITY SCHEDULE "A"

SECTION A (To be completed by applicant)

I/We _____ certify that the cash equity deposited into my business account in the amount of:

- ☐ \$ _____ is from my personal savings on deposit at this institution.
- ☐ \$ _____ has been transferred from my personal savings on deposit with _____, and I/We have attached the necessary documentation as proof that the funds have been on deposit with that lending institution for not less than three months.
- ☐ \$ _____ is from proceeds of a loan, and I/we have attached a copy of the loan agreement indicating lender's name, address, telephone number, terms of repayments, collateral, etc.

(If the funds are borrowed from friends, relatives or other non lending institutions, you must include a loan agreement by the lender or representative that the loan will not be repaid before the Aboriginal Business Ventures loan is paid in full).

The cash deposited is my equity requirement to apply under the Aboriginal Business Ventures Program and to obtain a loan for the purpose of starting a new business. I/We agree these funds will be applied according to the project specified in the application.

Applicant

Date

Co-Applicant

SECTION B (To be completed by the Lender)

Part I

We are satisfied that _____, has/have been banking with this institution for more than six months and that a transfer of funds in the amount of _____ has been made from their personal account to be deposited as cash equity towards an Aboriginal Business Ventures Loan. We also confirm that the amount in question has been in the individual's personal account for at least three months.

Lender

Date

Address

Part II

We confirm that _____ is not a customer of this bank. A transfer of funds in the amount of \$ _____ has been received from _____ (name of lending institution if applicable) and has been deposited as cash equity requirement towards the Aboriginal Business Ventures Loan.

Lender

Date

Address

CERTIFICATE OF EXPENDITURES SCHEDULE "B"

LOAN NUMBER: _____

NAME OF BORROWER: _____

ADDRESS OF BORROWER: _____

TELEPHONE NUMBER: _____

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

TELEPHONE NUMBER: _____

I/We certify that the supporting invoices listed in the Schedule of Expenditure (Reverse side of this form) have been paid to the supplier and relate to financing this project as per page 15 of the application. All the capital expenditures are in my possession and ready for operation.

I/We certify that the information provided is accurate and understand that it is being relied upon by the Aboriginal Business Ventures Program to validate that the funds have been applied towards the business start-up.

Applicant

Date

Co-Applicant

SCHEDULE OF EXPENDITURES SCHEDULE "C"

PROJECT	ACTUAL EXPENDITURES		
List items from Page 15 of Application Form	Name of Supplier	Date Paid	Amount
		TOTAL	

NOTE: Submit this Form with supporting original invoices within six weeks of the approval and disbursement of the loan.

NEW VENTURES OFFICE
ONTARIO DEVELOPMENT CORPORATION
 4 Robert Speck Parkway
 Suite 1160
 Mississauga, Ontario
 L4Z 1S1

Attention: Manager

For Office Use Only

INSPECTION CONFIRMED: _____
 (Date) Inspector

COMMENTS: _____

ABORIGINAL BUSINESS VENTURES

7. FINANCIAL

Itemize major expenditures to show total start-up costs including funds required for day-to-day operation (working capital).

[illegible]

Total Start-up Cost \$ _____

What is the source of your contribution?

Personal Cash

☐

Borrowed

☐

(Refer to and complete Certificate of Equity Schedule "A").

Amount \$ _____

What is the amount of the Aboriginal Business Ventures loan you are applying for?

Amount \$ _____

Other sources of funding.

Amount \$ _____

Total Funds \$ _____

If you paid to have this application prepared, state the name of the company or individual(s)

Fee Paid: _____

Complete the attached projected cash flow and income statement. An explanation is provided for the terms used on the statements.

EXPLANATION OF TERMS

1. CASH FLOW FORECAST

Estimated Sales

The product/service you expect to sell in dollar amount.

Cash Receipts

Money you get from various sources.

Cash from Sales

Money received from selling your product/service. If you provide credit, then money to be collected depends on collection policy.

Other (specify)

Money from sources not specifically identified on the cash flow forecast e.g. interest received from cash in bank account.

Cash Equity Contribution

Money owner invests in business.

Aboriginal Business Ventures Loan

Money provided by participating financial institution, guaranteed by the Government of Ontario.

Cash Disbursements

Money you pay out.

Purchase of Equipment

Money you spend for equipment purchase.

Rental Expenses

Money you pay for equipment/premises rental.

Labour Expenses

Money you pay your employees in form of wages and benefits.

Personal Drawings

Money you pay yourself to cover personal expenses.

Materials

Money you pay for items to be used in the making of your product/service.

Licences and Insurance

Money you pay for required licences and insurance premiums.

Advertising

Money you pay for advertising your product/service.

Selling Expenses

Money you pay for the selling of your product/service.

Office Expenses

Money you pay for office help.

Other (specify)

Money you pay for expenses not specifically identified, i.e. charitable donations.

Loan Repayment

Money you repay the financial institution for its loan.

Monthly Surplus

The monthly cash receipts are greater than the month's cash disbursements.

Monthly Deficit

The month's cash receipts are less than the month's cash disbursements.

Cumulative (to date)

Total of each and every month's surplus and/or deficit.

2. PROJECTED INCOME STATEMENT

Cost of Goods/Services Sold

Direct costs incurred in the making of your product/service.

Gross Profit

Difference between sales in dollars and cost of goods/services sold.

General Expenses

Common expenses of doing business such as rent, hydro, advertising, insurance, etc.

Interest Expense

Amount to be paid for use of borrowed money (loan).

Operating Profit

Profit figure before provision for owner's drawings and taxes.

Taxes Payable

Identifying tax owing to reach net income figure.

Net Income

True profit from sales after making provision for all expenses.

CASH FLOW FORECAST

CASH FLOW FORECAST FOR FIRST 12 MONTHS OF OPERATION

	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Estimated Sales (monthly)													
Cash Receipts													
Cash from Sales*													
Other (specify)													
Cash Equity Contribution													
Aboriginal Business Ventures Loan													
Total													
Cash Disbursements													
Purchase of Equipment													
Rental Expenses													
Labour Expenses													
Personal Drawings													
Materials													
Licences and Insurance													
Advertising													
Selling Expenses													
Office Expenses													
Other (specify)													
Loan Repayment													
Total													
NET CASH: Total Cash Receipts minus Total Cash Disbursements = \$													
Monthly Net Cash Surplus													
Monthly Net Cash Deficit													
Cumulative (to date)													

* If your business grants credit, only include cash that will actually be collected.

PROJECTED INCOME STATEMENT

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total Year 1	Year 2
Sales	\$	\$	\$	\$	\$	\$
Less: Cost of goods/services sold						
Gross Profit						
Less: Selling expenses						
Office expenses						
General expenses						
Interest expenses						
Operating Profit						
Less: Taxes Payable (Corporation) or Owner(s)' drawings (proprietorship or partnership)						
Net Income						



THIS IS YOUR FINAL APPLICATION FORM • PLEASE DETACH AT PERFORATION



ABORIGINAL BUSINESS VENTURES

YOUR APPLICATION

PERSONAL INFORMATION

PLEASE PRINT

Last name, First name, Middle initial		Date of Birth		Social Insurance Number
Home address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Sex (M/F)	How long have you lived at this address
City	Postal Code	Home Telephone Number ()		Business Telephone Number ()
Previous address if moved within 3 years				How long did you live at previous address

Are you an Ontario Resident? ☐ Yes ☐ No State First Nation Group ☐

What will your role be in the business and how has your education and business experience prepared you for this role?

Role: _____

Education: _____

Business Experience: _____

Please provide information of your most recent employment:

Company Name: _____ Telephone: ()

Address: _____ Gross Annual Income: _____

Title: _____ Date Employed From: _____ To: _____

Responsibilities: _____

Previous employer: _____ Date Employed From: _____ To: _____

Have you ever been self employed? ☐ Yes ☐ No

(If yes please give details) _____

If the new business fails how would you repay the Aboriginal Business Ventures loan?

Do you or any members of your family own an interest in a similar business or a business of which the new venture might be considered to be a natural extension?

☐ Yes ☐ No

(If yes, please explain) _____

Does your spouse or any other family member presently have or has ever had a New Venture loan or an Aboriginal Business Ventures loan?

☐ Yes ☐ No

(If yes, give details) _____

REFERENCES

Name of your Bank(s)/Location(s) _____

Landlord/Mortgage Holder _____

ABORIGINAL BUSINESS VENTURES

Real Estate Owned

Location	Registered Owner	Year Purchased	Purchase Price	Current Value
			\$	\$
Total Current Value				\$

Details of Liabilities

Individual/Institution Holding Debt	Amount of Original Loan	Current Loan Outstanding	Monthly Payments	Loan Due Date	Purpose of Loan
	\$	\$	\$		
Total Outstanding		\$			

Personal Financial Statement as at (Date) _____

ASSETS

Cash \$ _____

Liquid Assets (stocks, bonds etc. please itemize) _____
\$ _____

Automobile (current value) \$ _____

Real Estate (total present value) \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Mortgage(s) owing \$ _____

Credit Card(s) owing \$ _____

Loans (total outstanding) \$ _____

TOTAL LIABILITIES \$ _____

Net Worth (total assets minus total liabilities) \$ _____

Do you have any guarantees or other liabilities outstanding? Yes ☐ No ☐

Details, including amounts: _____

Are there any judgments or legal proceedings against you? Yes ☐ No ☐

Details, including amounts: _____

Please list all sources and amounts of monthly income. _____

CERTIFICATE

I certify that all of the information given by me in this application is true and complete.

I authorize the officers of this financial institution or the Ministry of Economic Development and Trade or their agents to make all necessary credit investigations or credit reporting and provide the Ontario Development Corporation with all relevant information. I approve the disclosure of any information concerning the undersigned to any credit requesting agency.

I agree that the Ontario Development Corporation may make a public announcement relating to this Aboriginal Business Ventures loan, if approved, and also has the right to audit the records of my business during the guarantee period.

I understand that any false information given in this application and any accompanying materials may result in rejection of this application or immediate demand for repayment of the loan in full together with any interest accrued thereon.

I authorize the Ministry of Economic Development and Trade and the Ontario Development Corporation to provide the lender with all relevant information.

NOTICE

Any personal information contained in this, or any subsequent forms attached or forwarded at a later date, is received under the authority of Section 12 of the Development Corporations Act, R.S.O. 1980, C.117 as amended and Sections 3, 6 & 11 of the Ministry of Industry and Trade Act, S.O. 1982, C.31 and will be used to provide a data base of borrowers registered in the Aboriginal Business Ventures loan program, to ensure that borrowers receive only one loan and that statistical information on the program is recorded.

It is an offence to obtain or to assist another to obtain the Aboriginal Business Ventures Program loan by fraud or false pretence.

Signature of Applicant _____ Date _____

NOTE: Complete a Personal Information Form for each Applicant, Co-Applicant and Shareholder who is a signing officer. If more forms are required, please make photocopies.

B

APPLICATION

CO-APPLICANT PERSONAL INFORMATION

PLEASE PRINT

Last name, First name, Middle initial		Date of Birth	Social Insurance Number
Home address		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Sex (M/F)
City	Postal Code	Home Telephone Number ()	Business Telephone Number ()
Previous address if moved within 3 years			How long have you lived at this address
How long did you live at previous address			
Are you an Ontario Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No State First Nation Group <input type="checkbox"/>			

What will your role be in the business and how has your education and business experience prepared you for this role?

Role: _____

Education: _____

Business Experience: _____

Please provide information of your most recent employment:

Company Name: _____ Telephone: ()

Address: _____ Gross Annual Income: _____

Title: _____ Date Employed From: _____ To: _____

Responsibilities: _____

Previous employer: _____ Date Employed From: _____ To: _____

Have you ever been self employed? ☐ Yes ☐ No

(If yes please give details) _____

If the new business fails how would you repay the Aboriginal Business Ventures loan?

Do you or any members of your family own an interest in a similar business or a business of which the new venture might be considered to be a natural extension? ☐ Yes ☐ No

(If yes, please explain) _____

Does your spouse or any other family member presently have or has ever had a New Venture loan or an Aboriginal Business Ventures loan? ☐ Yes ☐ No

(If yes, give details) _____

REFERENCES

Name of your Bank(s)/Location(s) _____

Landlord/Mortgage Holder _____

ABORIGINAL BUSINESS VENTURES

Real Estate Owned

Location	Registered Owner	Year Purchased	Purchase Price	Current Value
			\$	\$
Total Current Value				\$

Details of Liabilities

Individual/Institution Holding Debt	Amount of Original Loan	Current Loan Outstanding	Monthly Payments	Loan Due Date	Purpose of Loan
	\$	\$	\$		
Total Outstanding		\$			

Personal Financial Statement as at (Date) _____

ASSETS

Cash \$ _____

Liquid Assets (stocks, bonds etc. please itemize) _____
\$ _____

Automobile (current value) \$ _____

Real Estate (total present value) \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

Mortgage(s) owing \$ _____

Credit Card(s) owing \$ _____

Loans (total outstanding) \$ _____

TOTAL LIABILITIES \$ _____

Net Worth (total assets minus total liabilities) \$ _____

Do you have any guarantees or other liabilities outstanding? Yes ☐ No ☐

Details, including amounts: _____

Are there any judgments or legal proceedings against you? Yes ☐ No ☐

Details, including amounts: _____

Please list all sources and amounts of monthly income. _____

CERTIFICATE

I certify that all of the information given by me in this application is true and complete.

I authorize the officers of this financial institution or the Ministry of Economic Development and Trade or their agents to make all necessary credit investigations or credit reporting and provide the Ontario Development Corporation with all relevant information. I approve the disclosure of any information concerning the undersigned to any credit requesting agency.

I agree that the Ontario Development Corporation may make a public announcement relating to this Aboriginal Business Ventures loan, if approved, and also has the right to audit the records of my business during the guarantee period.

I understand that any false information given in this application and any accompanying materials may result in rejection of this application or immediate demand for repayment of the loan in full together with any interest accrued thereon.

I authorize the Ministry of Economic Development and Trade and the Ontario Development Corporation to provide the lender with all relevant information.

NOTICE

Any personal information contained in this, or any subsequent forms attached or forwarded at a later date, is received under the authority of Section 12 of the Development Corporations Act, R.S.O. 1980, C.117 as amended and Sections 3, 6 & 11 of the Ministry of Industry and Trade Act, S.O. 1982, C.31 and will be used to provide a data base of borrowers registered in the Aboriginal Business Ventures loan program, to ensure that borrowers receive only one loan and that statistical information on the program is recorded.

It is an offence to obtain or to assist another to obtain the Aboriginal Business Ventures Program loan by fraud or false pretence.

Signature of Applicant _____ Date _____

NOTE: Complete a Personal Information Form for each Applicant, Co-Applicant and Shareholder who is a signing officer. If more forms are required, please make photocopies.

D

APPLICATION

IF SPACE PROVIDED
IS INSUFFICIENT
PLEASE ATTACH
A SEPARATE SHEET

Company Name	Company Telephone Number ()			
Company Address				
City	Postal Code			
Date Business Registered/Incorporated <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">Day</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Month</td> <td style="border: 1px solid black; width: 20px; text-align: center;">Year</td> </tr> </table>		Day	Month	Year
Day	Month	Year		
Form of Business Ownership <input type="checkbox"/> Sole Proprietorship: Name _____ <input type="checkbox"/> Partnership: Names of Partners _____ <input type="checkbox"/> Corporation: Names of Signing Officers who are Shareholders _____				
Classification of Business: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Retail</div> <div><input type="checkbox"/> Food</div> <div><input type="checkbox"/> Farming</div> <div><input type="checkbox"/> Tourism</div> <div><input type="checkbox"/> Manufacturing</div> <div><input type="checkbox"/> Service</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div><input type="checkbox"/> Construction</div> <div><input type="checkbox"/> Wholesale/Distribution</div> <div><input type="checkbox"/> Professional</div> <div><input type="checkbox"/> Other (specify) _____</div> </div>				
Will your involvement in this business be <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time				

If part-time, please explain how your business will be able to operate full-time.

Describe in detail what your business will do, what product or service will be provided?

Who are your competitors, what are their locations, and how long have they been in business?

Explain why your customers will prefer your product or service over your competitors.

BUSINESS PLAN

Who are your major suppliers (if applicable), where are they located and what are their credit terms?
Can you change your suppliers easily if required?

4. CUSTOMERS

What market research have you conducted to determine how many potential customers are in the areas you plan to operate? The research may include door-to-door, telephone or mail surveys, discussions with suppliers or competitors, and statistical data. Please provide both the details of the research (eg. copy of questionnaire or survey, or how many you have called) and the results.

What are the characteristics of your typical customers (ie. age, location, education, etc.)?

How will you inform customers about your service or product?

What form of advertising would be most effective for your business (business cards, radio, newspaper, pamphlets, etc.)?

How much do you intend to spend on advertising and have you budgeted for this expense?

5. PRICE AND COSTS

What does it cost you to offer your product(s) or service(s) to your customers? Cost may be expressed per unit, hour or job. Provide a breakdown of how you determined your cost including materials, labour, inventory and overhead costs.

What price will you charge customers for your product(s) or service(s)? State prices in terms of quantity or fee per hour. If prices vary, give an example. Provide a breakdown of how you arrived at your prices. (Include your costs and markup or profit margins.)

What level of sales would you have to reach to just cover your costs (break-even point)?

Have you made provisions for contingency costs, such as warranty/servicing, insurance and start-up, in your pricing?

6. OPERATING REQUIREMENTS

What government regulations, licences, permits and insurance pertain to your business and have they been obtained?

Identify your business requirements such as size and type of premises, equipment, furniture and fixtures. Will they be leased or purchased and will deposits be required?

What skills are required to operate your business and who will provide them?

Skills needed.

How many employees will you have to hire?

Number of Employees	At Start-up	Part-time	Full-time	By Year 3	Part-time	Full-time
	_____	_____	_____	_____	_____	_____

Will franchises, patents, trademarks and licensing agreements be important factors in your business? If yes, please provide a copy of the agreement with the franchisor, licensor and proof of approved patent or trademark.

Itemize major expenditures to show total start-up costs including funds required for day-to-day operation (working capital).

[illegible]

What is the source of your contribution? Personal Cash ☐ Borrowed ☐
(Refer to and complete Certificate of Equity Schedule "A").

Amount \$ _____

What is the amount of the Aboriginal Business Ventures loan you are applying for? Amount \$ _____

Other sources of funding. _____ Amount \$ _____

Total Funds \$ _____

If you paid to have this application prepared, state the name of the company or individual(s)

Fee Paid: _____

Complete the attached projected cash flow and income statement. An explanation is provided for the terms used on the statements.

CASH FLOW FORECAST

CASH FLOW FORECAST FOR FIRST 12 MONTHS OF OPERATION

	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
Estimated Sales (monthly)													
Cash Receipts													
Cash from Sales*													
Other (specify)													
Cash Equity Contribution													
Aboriginal Business Ventures Loan													
Total													
Cash Disbursements													
Purchase of Equipment													
Rental Expenses													
Labour Expenses													
Personal Drawings													
Materials													
Licences and Insurance													
Advertising													
Selling Expenses													
Office Expenses													
Other (specify)													
Loan Repayment													
Total													
NET CASH: Total Cash Receipts minus Total Cash Disbursements = \$													
Monthly Net Cash Surplus													
Monthly Net Cash Deficit													
Cumulative (to date)													

* If your business grants credit, only include cash that will actually be collected.

PROJECTED INCOME STATEMENT

	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total Year 1	Year 2
Sales	\$	\$	\$	\$	\$	\$
Less: Cost of goods/services sold						
Gross Profit						
Less: Selling expenses						
Office expenses						
General expenses						
Interest expenses						
Operating Profit						
Less: Taxes Payable (Corporation) or Owner(s)' drawings (proprietorship or partnership)						
Net Income						

SUMMARY FORM (To be completed by Applicant)

The information below can be obtained from the shaded areas of your application.

PERSONAL INFORMATION (of applicant)

Complete for each applicant, for all partners in a partnership and for all signing officers who are shareholders of a corporation.

Name		Sex (M/F)
Home Address		Home Telephone Number ()
Postal Code		Date of Birth
Education		Social Insurance Number
Resident of Ontario <input type="checkbox"/> Yes <input type="checkbox"/> No Other (Please specify) <input type="checkbox"/> _____ First Nations Community (Please specify) <input type="checkbox"/> _____		
Your Annual Gross Income (from last or present employer)	Your Net Worth	Business Involvement <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time

PERSONAL INFORMATION (of co-applicant)

Complete for each applicant, for all partners in a partnership and for all signing officers who are shareholders of a corporation.

Name		Sex (M/F)
Home Address		Home Telephone Number ()
Postal Code		Date of Birth
Education		Social Insurance Number
Resident of Ontario <input type="checkbox"/> Yes <input type="checkbox"/> No Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> _____		
Your Annual Gross Income (from last or present employer)	Your Net Worth	Business Involvement <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time

COMPANY INFORMATION

Company Name		Date of Application	Day	Month	Year
Address		Registration Date of Business	Day	Month	Year
Postal Code		Telephone Number ()			
Classification		Ownership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
<input type="checkbox"/> Retail <input type="checkbox"/> Food <input type="checkbox"/> Tourism <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Distribution <input type="checkbox"/> Farming <input type="checkbox"/> Professional <input type="checkbox"/> Other (Please specify) _____					
No. of Employees	Start-Up	By Year 3	Amount of Equity Contribution (must be in cash only)		Amount of Other Sources of Funding Towards the Project
Full-time			Total Start-up Cost		Estimated Sales, First Year of Operation
Part-time			Labour Expenses		Operating Profit

I (we) confirm that the above application is true and correct.

Signature of Applicant	Signature of Co-applicant	Date
------------------------	---------------------------	------

Personal information contained on this form is collected under the authority of the Development Corporations Act S.O.R. 1980, c. 117, s. 11 and s. 12 and will be used in the administration of the Aboriginal Business Ventures Program. Questions about this collection should be directed to: Manager, New Ventures Program, 4 Robert Speck Parkway, Suite 1160, Mississauga, Ontario L4Z 1S1.

K

Complete and Submit to Lender

ABORIGINAL BUSINESS VENTURES

BUSINESS EVALUATION FORM (To be completed by Lending Institution)

INSTRUCTIONS FOR LENDING INSTITUTION

- 1** After your interview with the applicant please complete this Business Evaluation Form. To obtain an Aboriginal Business Ventures Authorization number, call:

Metro Toronto Area 279-1142
Outside of Metro Toronto 1-800-387-5616.

- 2** If the loan has been approved, tear along the perforated lines to remove this Business Evaluation Form and forward to New Ventures Office within 15 days of loan disbursement. Please ensure that the Summary Form on the back of this Business Evaluation Form has been completed by the applicant. Retain the application for your records and only submit it if you are making a claim on a defaulted loan.

- 3** If the applicant's loan is not approved please submit the application with the Business Evaluation Form for reimbursement of your processing costs.

Please address all correspondence to:
New Ventures Office
The Ontario Development Corporation
4 Robert Speck Parkway
Suite 1160
Mississauga, Ontario
L4Z 1S1

Applicant(s) _____ Date Business Commences _____

Interviewer _____
Business Name _____ Date of Interview _____

LENDER'S INFORMATION

Lender _____ Transit No. _____
Address _____ Loan Amount _____

Postal Code _____ Tel. No. () _____ Date of Credit Bureau Report _____
Day Month Year

ASSESSMENT OF APPLICANT(S)

- | | Yes | No | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 Have you verified applicant(s)' age(s) and community residency? | <input type="checkbox"/> | <input type="checkbox"/> | 4 Do you judge the applicant(s) to have the personal commitment, management and technical skills necessary to carry out the business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Credit rating(s) checked and found satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | 5 Has the applicant completed the application and is recommended by the Aboriginal Development Corporation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Are you satisfied that the applicant(s) have no other business or personal debt which could affect repayment of the loan? | <input type="checkbox"/> | <input type="checkbox"/> | 6 Are you satisfied that the equity injected is bona fide and the Certificate of Equity is completed. | <input type="checkbox"/> | <input type="checkbox"/> |

ASSESSMENT OF BUSINESS

- | | Yes | No | | Yes | No |
|------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1 Has the business been registered? | <input type="checkbox"/> | <input type="checkbox"/> | 5 Are you satisfied that the applicant(s) or members of their families do not own an interest in a similar business of which the new business might be considered to be a natural extension? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Does the proposal make economic sense? | <input type="checkbox"/> | <input type="checkbox"/> | 6 Does the cash flow forecast indicate the ability to meet the business' monthly obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Is the amount of the loan requested reasonable and justified based upon the business plan? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4 Are the estimated sales/revenues realistic given local market conditions?
Comment: _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Is application approved ☐ Yes ☐ No

Loan approved in the amount of \$ _____

Date of Loan Agreement _____

Aboriginal Business Ventures Authorization Number _____

Signature of Interviewer _____

Date of Loan Disbursement _____
Day Month Year

Date _____
Day Month Year

Cash Equity \$ _____ deposited to an account in the name of the new business _____
Day Month Year

Lender to Complete and Submit to New Ventures



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